

to end hunger now if we don't bring the best and the brightest minds together in one place, including doctors, nurses, nutritionists, dietitians, and other health professionals. We need a national plan of action, and the best way to begin is with a White House conference.

Mr. Speaker, we know that healthy food builds healthy bodies. We know that by ignoring hunger, our Nation pays hundreds of billions of dollars in health care costs. We know that nutritious food is good medicine for body and mind.

Mr. Speaker, in the United States of America, the richest, most prosperous nation on Earth, hunger should not be an issue. We need to come together, Mr. Speaker. We need to come together now. We need the President to lead on this. We need to come together and end hunger now.

CANCER PATIENT PROTECTION ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Mrs. ELLMERS) for 5 minutes.

Mrs. ELLMERS. Mr. Speaker, I rise today to discuss H.R. 1416, the Cancer Patient Protection Act of 2013.

On April 1, 2013, the Obama administration reduced Medicare payments to the costs of cancer-fighting drugs. This is having a devastating impact on seniors fighting cancer and the Nation's cancer care delivery system, which is already in crisis.

The Centers for Medicare & Medicaid Services, CMS, said that it does not have the authority to stop these devastating cuts to lifesaving chemotherapy drugs. That's why yesterday I introduced the Cancer Patient Protection Act of 2013, H.R. 1416, to ensure seniors, especially those on lower or fixed incomes, get the treatment they need.

The cuts the Obama administration is choosing to implement will jeopardize patient access to cancer care and result in higher overall costs for both seniors and the Medicare program by forcing patients into costlier hospital treatment settings.

The United States enjoys the most respected and most successful cancer care delivery system in the world. More than 60 percent of U.S. cancer patients rely on Medicare; and, until recently, over 80 percent of the Nation's cancer patients were treated by physicians in the community setting.

According to recent studies by Milliman and Avalere, community oncology clinics provide the most cost-effective model for delivering high-quality cancer services to elderly Americans. Despite this, a series of changes to Medicare reimbursements over the past decade have imperiled these vital innovations. The administration has decided to apply the sequester cut both to payments for part B drugs and to the 6 percent services payment.

A recent survey done by the Community Oncology Alliance shows the CMS cuts will force 72 percent of community cancer centers to stop seeing new Medicare patients, or not see Medicare patients without secondary insurance, and/or send Medicare patients elsewhere for treatment, such as costly hospitals, where treatment costs more.

When community cancer centers are forced to close their doors or limit services, access to cancer care is compromised for all cancer patients, especially the vulnerable population of seniors who rely on Medicare and those on fixed incomes and lower income individuals whose options are already limited.

Fortunately, the Secretary of Health and Human Services has the authority to protect against further destabilization of the community cancer care safety net.

The Office of Management and Budget, OMB, directed all Federal agencies to "use any available flexibility to reduce operational risks and minimize impacts on the agency's core mission in service of the American people" and to "identify and address operational challenges that could potentially have a significant deleterious effect on the agency's mission or otherwise raise life, safety, or health concerns."

Further, the Social Security Act compels the Secretary to adhere to the Average Sales Price-based formula that Congress established under the Medicare Modernization Act of 2003. The Social Security Act expressly mandates that the Secretary reimburse physicians at 106 percent of ASP for office-administered drugs, providing detailed directions to the Secretary on how to calculate the average sales price.

Congress has distinguished the Medicare drug payment methodology, and these provisions warrant deference under sequestration and guidance from the OMB.

By passing this bill, we are ensuring that everything can be done to prevent these cuts from going into effect. I encourage my colleagues to support this important piece of legislation.

IMMIGRATION REFORM

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. VARGAS) for 5 minutes.

Mr. VARGAS. Mr. Speaker, I rise in favor of comprehensive immigration reform.

I would like to thank my colleague from Illinois, who spoke earlier about his experience, saying that he believes in comprehensive immigration reform. I do, too. I just wish that when he was asked, or when he asked the Border Patrol agent, "If there was one thing you could bring back to Congress, one thing, what would it be?" I wish that that gentleman would have said his Bible, because that's what he should have said, "Bring your Bible. That will give you the best guidance. Bring your Bible."

I believe, Mr. Speaker, I'm allowed to read from the Bible. Is that correct? No one will come and tackle me? I'm new at this. It's my first year here, and I hope I'm not violating any law. But if I am, I'm going to do it anyway.

I would like to read from Matthew 25, because Matthew 25 speaks to the judgment. I think it's very important for us to read this section.

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It reads like this:

When the Son of Man comes in His glory, escorted by all the angels of Heaven, He will sit upon His royal throne and all the Nations will be assembled before Him, and then He will separate them into two groups as a shepherd separates sheep from goats. The sheep He will place on His right hand, the goats on His left. The King will say to those on His right, "Come. You have my Father's blessing. Inherit the kingdom prepared for you from the creation of the world. For I was hungry and you gave me food; I was thirsty, and you gave me drink; I was a stranger, and you welcomed me.

"I was a stranger and you welcomed me." Who is the stranger? Who is the stranger among us that we welcome? I'll tell you who the stranger is among us who we welcome. The stranger is the wife of the soldier that we spoke to 3 weeks ago here in Washington when he came and he testified and said:

I'm not afraid of dying in Afghanistan or Iraq. I've been on three tours of duty. What I'm afraid is that my wife will get deported because she's undocumented, and then who will take care of my children?

She is the stranger, the soldier's wife.

Who is the stranger? Who is the stranger among us? Who is this least among us? I'll tell you who it is. It's the child and the parents who are here, where the child is born here. He's an American citizen, but the parents weren't, so the parents can get deported and you break the family apart. We deport the parents and we don't know what happens to the children because they go to strangers. We break this family.

Who is the stranger? Those parents, that child. How we treat them is how we're going to be judged.

We have an opportunity here before us, and I'm very thankful now for the churches in this country. The Catholic Church for many years has been saying, We need humane, comprehensive immigration reform. They've said it loud and clear. And now the evangelical churches are out there saying the same thing. God bless them. And I know that they're praying, and I know that my parish is praying that we'll all open our hearts to this.

I have to tell you, I haven't been here long, but I do get the opportunity to pray with my colleagues on the Republican side, and they are great people with great heart, and I hope that God speaks to them at this point in time and says: The stranger is the soldier's wife; the stranger is the child whose parents are going to be ripped away from them. He is, in fact, the people